

EXHIBIT 3

Illinois Nurse Practitioner Collaborative Practice Agreement

This Collaborative Practice Agreement is entered into as of the 1st day of February, 2021, by and between Ellen Leonardi (“NP”) and Sheridan Gibler MD (“Physician”).

Section I – Introduction/Overview

Purpose

This document authorizes the NP to perform medical acts in accordance with the Nurse Practice Act 225 ILCS 65, the Illinois Admin. Code tit. 68 § 1300.410 pertaining to Advanced Practice Registered Nurses. This document delegates certain medical acts, as required by Illinois law, and sets forth guidelines for collaboration between the delegating Physician(s) and the NP.

This agreement is not intended to limit the health care services the NP shall provide under his or her scope of practice, based on the advanced practice role and specialty authorized by the state of Illinois. These services include, but are not limited to, performing physical examinations and medical histories, ordering laboratory and radiologic exams, providing health promotion and safety instructions, management of acute episodic illness and chronic diseases, and referrals to other health care providers, as needed.

Development, Revision, Review and Approval

The protocols (attached as Exhibit A) are developed collaboratively and agreed to by the NP and delegating Physician. These protocols will be reviewed annually, dated and signed by the above parties and any alternate physicians. The agreement and/or associated treatment guidelines will be revised more frequently as necessary.

The “Statement of Approval” will be signed by all parties recognizing the collegial relationship between the parties and their intention to follow these protocols. Signature on the “Statement of Approval” implies approval of all the policies, protocols and procedures in this document and as outlined by Life Line Community Healthcare, Ltd and all related and associated entities (together “Life Line”).

Education, Training, Certification, Licensure & Authorization to Practice

The NP must possess a valid, unencumbered license as a Registered Nurse from Illinois. In addition, the NP must have documentation from the Illinois Board of Nursing (BON) authorizing advanced nursing practice in a role and specialty appropriate to the patients of Life Line. **Nothing in this Agreement permits the NP from prescribing anything outside of the drugs or devices or orders contained in the attached protocols. Copies of these records must be maintained in the NP’s credentialing file and attached to and made part of this Agreement.**

Sanctions

The NP and Physician(s) practicing under this protocol agree to notify one another of any sanctions imposed by any licensing board against the NP’s or physician’s license.

Population and Setting

The Nurse Practitioner will practice under these protocols in the State of Illinois

Section II – Privileges & Scope of Practice Delegation of Medical Aspects of Care - Privileges

Core Privileges

The scope of health care services provided by the NP may include, but are not limited to the following:

1. Assessment and Diagnosis:
 - a. Obtain a comprehensive developmental, health, and medical history.
 - b. Perform physical examinations.
 - c. Order and interpret tests, laboratory tests, and diagnostic procedures.
 - d. Systematically compare and contrast clinical findings in formulating differential diagnosis.
 - e. Assess and diagnosis illnesses, including chronic and acute/critical conditions.
 - f. Consult with other health care providers as necessary
2. Interventions:
 - a. Procedures and other methods of treatment that may be diagnostic and/or therapeutic may include but are not limited to:
 - i. Oxygen and other medical gases
 - ii. Intravenous fluids and nutritional support
 - iii. Ordering the administration of pharmacologic interventions,
 - b. Consult on patients in need of specific services.
 - c. Provide appropriate follow-up care
 - d. Provide care that reflects evidence-based practice.
 - e. Consult and collaborate with other health care providers as appropriate.
 - f. Collaborate regarding communication of patient problems, status, and prognosis with the patient family members, patient's personal physicians and other members of the health care team.
 - g. Refer patients to appropriate health care providers for further medical management or consultation.
3. Evaluation:
 - a. Monitor and evaluate accuracy of diagnosis and effectiveness of prescribed treatment plans
 - b. Monitor patient and family response to treatment.
 - c. Modify interventions based on effectiveness, available evidence-based practice guidelines, and individual and family needs and satisfaction.
 - d. Participate in Quality Improvement processes to assure provision of quality health care.
4. Documentation
 - a. Electronic medical record documentation or written documents may include: history and physical forms, progress notes, procedure notes, consultation notes, telephone encounters, and dictated summaries in the Medical Record.
 - b. Complete documentation of any treatment orders, and prescriptions.
 - c. The nurse practitioner is responsible for the complete, legible documentation of all patient encounters that is consistent with state and federal laws.
5. Emergency Care

In an emergency situation, the NP may provide care to stabilize a patient's condition and prevent deterioration that would otherwise be beyond the scope of this protocol.

Section III – Prescriptive Authority - Carrying Out or Signing Prescriptions and Drug Orders

1. The nurse practitioner may establish medical diagnoses for patients that are within the NPs scope of practice, and order or prescribe medications and medical devices as authorized by Illinois Law which authorizations may be limited by the terms of this Agreement.
2. The nurse practitioner may order or prescribe:

- c. Any medication or device approved by the supervising Physician consistent with the Protocols and Standard Operating Procedures attached and made part of this Agreement
 - d. Oxygen and other medical gases approved by the supervising Physician and consistent with the Protocols and Standard Operating Procedures attached and made part of this Agreement
 - d. Investigational drugs as part of a research protocol approved by the supervising Physician and consistent with a Standard Operating Procedure attached and made part of this Agreement.
 - e. No other drugs or devices, outside of the Protocols and Standard Operating Procedures attached and made part of this Agreement may be ordered, dispensed, authorized or prescribed.
3. The methods of ordering that the NP is authorized to use includes written or verbal orders on medical record order sheets and the method of prescribing includes written prescriptions.
4. Controlled Substances:

No Controlled Substance Prescriptions may be authorized pursuant to this agreement.

Section IV – Supervision & Evaluation Supervision & Documentation of Supervision

Supervision

The nurse practitioner is authorized to diagnose and prescribe under the collaborative agreement established in this document without the direct (on-site) supervision or approval of the supervising Physician(s). Consultation with the delegating Physician, or designated alternate physicians, is available at all times by mutually agreeable methods of communication, which may be in person or through telecommunications or electronic communications (see 225 ILCS 60/54.5(b)(3) and 225 ILCS 65/65-35(b)).

The Nurse Practitioner shall inform each collaborating physician of all collaborative agreements he or she has signed and provide a copy of these to the collaborating physician upon request.

Consultation

The Nurse Practitioner is to immediately report any emergency situations after stabilizing the patient, and give a daily status report on any occurrences that fall outside the protocols. The NP will seek physician consultation when needed. Whenever a physician is consulted, a notation to that effect, including the physician's name should be recorded in the patient's medical record.

Evaluation of the Nurse Practitioner

Evaluation of the NP shall include:

- 1. Annual or, if necessary, more frequent evaluation of the NP by the Physician
- 2. Periodic peer review
- 3. Informal evaluation during consultations and case review

Section V – Statement of Approval

Nurse Practitioner:

By my signature, I request to function in an advanced clinical role. I affirm that I have the required education, training and experience to function in this capacity.

I agree to be bound by all Policies and Procedures of Life Line and the Protocols and Standard Operating Procedures outlined in this Agreement, including all Exhibits

I understand that non-compliance may constitute grounds for limitation of my scope of practice or dismissal from Life Line.

I affirm that I hold current licensure and approval (or provisional authorization) of the Illinois Board of Nursing to practice as an advanced practice nurse in the State of Illinois. I verify that I am competent to provide care to patients of Life Line Community Healthcare, Ltd or its affiliated or associated entities (together “Life Line”), within my scope of practice as described in this Agreement, the attached Protocols and Standard Operating Procedures. I agree to review these protocols annually with the physician(s) listed below and have my practice monitored by the processes set out by my employer. By my signature, I agree to be bound by the Policies and Procedures of my employer and the terms of this Agreement and understand that non-compliance may constitute grounds for disciplinary action, up to and including termination of my employment, or withdrawal or restriction of privileges accorded to me under this Agreement.

Ellen E Leonard APN-CNP
Ellen E Leonard APN-CNP (Mar 19, 2021 08:19 EDT)

Mar 19, 2021

Nurse Practitioner Signature

Date

Physician:

I agree that NP is competent to provide care to patients of Life Line as described in the attached protocols and scope of practice. These protocols have been developed and reviewed in accordance with the policies of Life Line. The care rendered by NP will be monitored in accordance with the policies of Life Line and the requirements of the State of Illinois. Variance from the laws, regulations, established policies or procedures or standards of care set by Life Line will be reviewed by the appropriate clinical and management staff at Life Line.

I hereby verify that I will provide oversight of the above listed Advanced Practice Nurse who will function within the guidelines of the privileges, protocols or scope of practice consistent with this document and under my direction. I also agree to notify the Life Line of any changes in this arrangement.

I further agree to submit notice to the Board of Medicine within 30 days of entering into this Agreement as applicable under Illinois law.

I hereby verify that I am not overseeing more than three (3) Advanced Practice Nurses in the State of Illinois and will report the total number of Advanced Practice Nurses being supervised in accordance with Illinois Statutes .

Sheridan T Gibler MD
Sheridan T Gibler MD (Mar 10, 2021 18:17 EST)

Physician Signature

Mar 10, 2021

Date

Exhibit A – Licensing Information

	Physician	Nurse Practitioner
Name:	<u>Sheridan Gibler MD</u>	<u>Ellen Leonardi NP</u>
DEA Number:	<u>AG5042281</u>	<u>N/A</u>
Email:	<u>Sheridan.Gibler@llsa.com</u>	<u>Ellen.Leonardi@llhc.com</u>
Phone Number:	<u>8433021462</u>	<u>6302678417</u>
License Number:	<u>036139037</u>	<u>209003215</u>
License State:	<u>ILLNOIS</u>	<u>ILLINOIS</u>
Expiration Date:	<u>05/31/2023</u>	<u>5/31/2023</u>

EXHIBIT A
Sample RPM prescription

Prescription Case 1 HealthSnap

Pre-Hypertension

Patient	George Caldwell	Primary Language	English
Date of Birth	05/04/1951	Patient MRN	12345678
Gender	Male	Rx Date	10/12/2020
Address	1951 NW 7th Ave, Miami FL 33137	Provider	Dr. John Smith
Phone	(888) 780-1872	Clinic Address	Address, City, State, Zip
Email	George@healthsnap.io	Clinic Phone	(000) 000-0000
Primary Insurance	Carrier: UHC Group ID: 12345678	Plan: Medicare Advantage Policy Number: 12345678	
Secondary Insurance	Carrier: _____ Group ID: _____	Plan: _____ Policy Number: _____	
Diagnosis	R03.0 Elevated Blood Pressure without Diagnosis of Hypertension		
Variables	Physiologic Data <input checked="" type="checkbox"/> Blood Pressure <input type="checkbox"/> Body Fat <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Resting Heart Rate <input type="checkbox"/> Temperature <input type="checkbox"/> Body Weight <input type="checkbox"/> Blood Glucose Lifestyle Data <input checked="" type="checkbox"/> Physical Activity <input type="checkbox"/> Hip Circumference <input checked="" type="checkbox"/> Sitting Habits <input checked="" type="checkbox"/> Food Recall <input type="checkbox"/> VO2max <input checked="" type="checkbox"/> Stress <input type="checkbox"/> Waist Circumference <input type="checkbox"/> Sleep <input type="checkbox"/> Memory		
Frequency	Physiologic Data <input checked="" type="checkbox"/> Daily ____ 1 ____x/day <input type="checkbox"/> Weekly _____x/week	Lifestyle Data <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Pre and Post Term	
Device	<input checked="" type="checkbox"/> Cellular Blood Pressure Cuff <input type="checkbox"/> Cellular Weight Scale		
Duration	<input type="checkbox"/> 6 months <input checked="" type="checkbox"/> 9 months <input type="checkbox"/> 12 months <input checked="" type="checkbox"/> Until Care Plan target achieved		
Orders	Morning BP reading, rest seated for >5 min prior to reading		

Exhibit B
Protocols

Prescriptive Authority Protocol

- I. Nature of practice: Family Practice
- II. Practice locations: ILLINOIS
- III. The following types or categories of drugs or devices may be prescribed:
 - A. Permitted drugs or devices as set forth in the attached Standard Operating Procedures
- IV. Description of the general plan for addressing consultation and referral of patients.

During course of Annual Wellness Visit, nurse practitioner will identify patients who consent to remote patient monitoring service and have demonstrated medical necessity. Example is patient who has hypertension and could benefit from life style modification and ongoing measurement/ monitoring of blood pressure.
- V. Description of the general plan for addressing patient emergencies.

Patient primary care physician will be notified of any medical emergency and patient will be instructed to follow up appropriately – up to and including direction to nearest medical facility for further evaluation and assessment.
- VI. Description of the general process for communication and sharing information regarding patient care (e.g., consultation, physician availability in person/by phone).

Patient will provide the name of the primary care physician and permission to release results for any related services performed by Life Line Community Healthcare.
- VII. Description of the prescriptive-authority quality assurance and improvement plan and specify methods for documenting implementation of the plan that include a monthly chart review, and number or percentage of charts to be reviewed. Attach quality assurance and improvement plan, or describe below:

Nurse practitioner charts will be audited bi-weekly by peer review. These will be documented on chart audits template and unsatisfactory audits will be addressed.
- VIII. Quality assurance meetings shall be held with delegating physician at least quarterly. Documentation of such meetings shall be attached and made part of this Agreement.
- IX. ANY OTHER REQUIREMENTS DEEMED NECESSARY BY PHYSICIAN (if none, so state): NONE
- X. The Nurse Practitioner listed in this agreement hereby acknowledges that the Illinois Board of Nursing has approved his or her authority to prescribe or order a drug or device as authorized under Illinois Occupations Code, Illinois Board of Nursing Statutes, Rules and Regulations and is subject to all requirements stated therein.
- XI. The Nurse Practitioner listed in this agreement hereby acknowledges that he or she
 - A. holds an active license to practice in Illinois as a Nurse Practitioner and is in good standing in this state;
 - B. Is not currently prohibited by any authoritative board or agency from executing a prescriptive authority agreement;
 - C. Has disclosed to the physician any prior disciplinary action related to his or her practice as a Nurse Practitioner.
 - D. Acknowledges that nothing in this Agreement permits the APRN to prescribe controlled substances.

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- E. Acknowledges that the physician's name, address and telephone number is required to be included on all prescription drug order; and
- F. Will comply with all the terms and conditions of this Protocol, and the Agreement to which it is attached and made a part thereto

XII. The physician listed in this agreement hereby acknowledges that he or she

- A. has disclosed to the APRN any prior disciplinary action by the Illinois Medical Board and
- B. Will comply with all the terms and conditions of this Protocol, and the Agreement to which it is attached and made a part thereto

XIII. This Agreement Must Be Reviewed at Least Annually. Such Reviews will be documented and attached and made a part of this Agreement.

Ellen E Leonardi APN-CNP

Ellen E Leonardi APN-CNP (Mar 19, 2021 08:19 EDT)

Nurse Practitioner Signature

Sheridan T Gibler MD

Sheridan T Gibler MD (Mar 10, 2021 18:17 EST)

Physician Signature

EXHIBIT C – STANDARD OPERATING PROCEDURES

Standard Operating Procedure Exhibit C-1

SOP Title	Remote Patient Monitoring (RPM) with Contracted Vendor	Implementation Date	2/15/2021
Author		Last Revision (initials)	

(1.0) **Purpose:** To provide Annual Wellness Visit (AWV) patients the opportunity to take additional steps towards managing health by offering RPM. The goals of RPM are to use patient generated data for improved chronic condition management and better health outcomes.

(2.0) **Scope:** Applies to any licensed nurse practitioner, physician assistant, registered nurse and/or clinical nurse specialist employed by LLCH who identifies, monitors and/or coaches a patient receiving an approved RPM device including review of medications. At least 1 monthly phone call to patients for education, coaching and result review.

(3.0) **Out of Scope:** Any prescribing outside of approved RPM Devices is strictly prohibited. Orders for any medication or service, including but not limited to medical equipment and supplies, are not permissible. Any change to the scope of this agreement must be made by mutually signed amendment.

(4.0) **Reference and Related Documents (located in Exhibits):**

- 1) Exhibit A: Sample RPM prescription
- 2) Exhibit B: Sample Care Plan

(5.0) **Roles and Responsibilities:**

Role	Title	Owner	Responsibility
Executive Sponsor	Chief Medical Officer	Andy Manganaro, MD, FACS, FACC	<ul style="list-style-type: none"> Approve Remote Patient Monitoring (RPM) standard operating procedure (sop) Provide guidance as needed for clinical matters
SOP Oversight and Compliance	Vice President, LLCH	Jennifer Maze	<ul style="list-style-type: none"> Maintain NP compliance with standard protocol

(6.0) **Procedure**

- During Patient Visit – Patient Identification for RPM
 - In the course of a patient Annual Wellness Visit, the nurse practitioner may identify a patient who is a candidate for RPM. Patients who are candidates for LLCH RPM program will demonstrate medical necessity for approved devices of blood pressure cuffs and scales. Diagnosis could include hypertension or obesity. *Exhibit A for an example of a prescription*
 - Nurse practitioner will sign order for rpm and order will be sent to contracted vendor to verify eligibility
- Patient Set Up
 - Patient will be set up and educated on RPM by contracted vendor
- Patient Monitoring of RPM downloads
 - Contracted vendor will monitor data recording and downloads for compliance. LLCH will also have access to platform and monitor data uploads and alerts.
 - Contracted vendor will troubleshoot equipment as necessary
 - Contracted vendor's platform will identify and alert LLCH clinician of any abnormal and critical readings
- During RPM visit
 - Nurse practitioner will document care plan in electronic health record. *Exhibit B for an example of a care plan*
- Post Patient Visit
 - Patient's primary care provider (pcp) will receive copy of each care plan
 - Nurse practitioner will document any referrals or follow up care

(7.0) Handling of Critical Readings

- PCP will be notified of any critical blood pressure reading within 1 business day. Either systolic pressure greater than or equal to 180 mmHg OR Diastolic pressure greater than or equal to 110 mmHg. If patient is symptomatic and in distress then emergency services will be called. If patient is asymptomatic and not in distress, they will be instructed that they have a critical result, will be given documentation of the result and instructed to call their PCP or seek medical attention within 24 hours.

EXHIBIT B
Sample Care Plans

- Variables to be monitored:
 - With BP cuff: monitor BP, HR, monitor activity, first thing in AM, sitting, legs unfolded
 - Weight: daily weights, first thing in AM, monitor activity and food recall

Diagnosis	Essential (primary) Hypertension I10
Assessment	Blood pressure (could be self-reported from PCP visit or from LLSA, etc.) was 145/87 and heart rate was 67 bpm. Currently prescribed blood pressure medication ____ OR not currently prescribed medications (this could be that patient has diagnosis but is not following their BP or that they do not have diagnosis but they do have elevated BP). Does not check blood pressure or heart rate at home/Does check blood pressure and heart rate at home. (This could be a way to tell them we can track and help manage with the prescription?)
Intervention	Remote patient monitoring of blood pressure and heart rate for the next ____ months (how long? 6 months?).
Enrollment Reason	Monitoring blood pressure and heart rate as well as ____.
Variables	Physiologic Data: heart rate and blood pressure Lifestyle Data: Exercise, food/diet recall
Targeted Goal	Blood pressure <120/80 and heart rate 60-100 bpm. Lifestyle modification adherence (stress, balance activity and rest) Prevention of complications
Patient Instructions	Patient is instructed to take their blood pressure daily, first thing in the morning. Advise to rest > 5 minutes prior to taking blood pressure. Sit with legs uncrossed. If blood pressure is elevated ____ recheck again (need to find a value to commit to or what our actual goal is).

Diagnosis	Obesity (due to excess calories) E66.01
Assessment	BMI = 30.3. Patient reports gaining ____ weight in ____ months. OR Patient reports they are aware they are overweight and are interested in modifications to decrease weight and BMI. Patient does/does not have scale at home.
Intervention	Remote patient monitoring of body weight and lifestyle modifications for ____ months (how long? 6 months?).
Enrollment Reason	Monitoring BMI and lifestyle such as diet and exercise.
Variables	Physiologic Data: Body weight Lifestyle Data: Physical activity/exercise, diet/food recall
Targeted Goal	Weight loss of ____ % or ____ pounds per ____ (how much for how long?)
Patient Instructions	Patient was instructed to check weights daily first thing in the morning, fully undressed. To begin patient was instructed to exercise _____. (should we start with 30 minutes 1-2 days, increase to 3 days, and continue to increase to 5?) Normal weight loss goal could be 1-2 pounds per week? Patient also instructed on diet modifications – decrease sodium and fat intake, etc.

Standard Operating Procedure Exhibit C-2

SOP Title	Medication Review	Implementation Date	2/15/2021
Author		Last Revision (initials)	

(1.0) **Purpose:** Process for LLCH nurse practitioners to complete a comprehensive medication review to meet standards for Medicare Annual Wellness Visit (AWV) and COA Medication Review. The goal of a medication review is provide a list of patient medications and review use of each medication to improve patient outcomes and management. Medication review will be completed by a licensed nurse practitioner with prescribing authority.

(2.0) **Scope:** Applies to any licensed nurse practitioner employed by LLCH who has discussions related to reviewing patient medications.

(3.0) **Out of Scope:** Any prescribing of medications or medical equipment.

(4.0) **Reference and Related Documents (located in Exhibits):**

1) Exhibit A: Annual Wellness Visit

(5.0) **Roles and Responsibilities:**

Role	Title	Owner	Responsibility
Executive Sponsor	Chief Medical Officer	Andy Manganaro, MD, FACS, FACC	<ul style="list-style-type: none"> Approve Remote Patient Monitoring (RPM) standard operating procedure (sop) Provide guidance as needed for clinical matters
SOP Oversight and Compliance	Vice President, LLCH	Jennifer Maze	<ul style="list-style-type: none"> Maintain NP compliance with standard protocol

(6.0) **Procedure**

- During Patient Visit -
 - Complete list of patient medications including prescriptions/ supplements/ vitamins
 - List can be collected by medical assistants but must be verified and signed off by nurse practitioner
 - Address any medication allergies and list names of medications
 - Document any medications that the patient has discontinued
 - Address medication adherence
 - Patient compliance with taking prescribed medication every dose, every day
 - Patient refills medications on time
 - Ask if patient is currently prescribed opioid medications and review potential risk of opioid use disorder. Provide education on non-opioid treatment options
 - Identify if patient should be referred to specialist for further medication review
 - Identify any interactions
- Documentation
 - Nurse practitioner will document in patient health record or designated form
- Post Patient Visit
 - Patient's primary care provider (pcp) will receive copy of medication review. Protocol may be different by health plan.
 - Nurse practitioner will document any referrals or follow up care

This Collaborative Practice Agreement has been reviewed and approved by:

Signature: *jennifer maze*
jennifer maze (Mar 11, 2021 21:13 EST)

Email: jennifer.maze@llsa.com

Signature: *Anna Quinn Claxton*

Email: anna.claxton@llsa.com